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TRANSMITTAL FORM		Application Number	10/569,873
		Filing Date	September 4, 2007
		First Named Inventor	Wei Cheng
		Art Unit	1626
		Examiner Name	TBA
		Attorney Docket Number	05-953-A5

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"><input type="checkbox"/> Fee Attached</div> <input type="checkbox"/> Amendment/Reply <div style="margin-left: 20px;"><input type="checkbox"/> After Final</div> <div style="margin-left: 20px;"><input type="checkbox"/> Affidavits/declaration(s)</div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <div style="margin-left: 20px;"><input type="checkbox"/> Petition to Convert to a Provisional Application</div> <div style="margin-left: 20px;"><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</div> <div style="margin-left: 20px;"><input type="checkbox"/> Terminal Disclaimer</div> <div style="margin-left: 20px;"><input type="checkbox"/> Request for Refund</div> <div style="margin-left: 20px;"><input type="checkbox"/> CD, Number of CD(s) _____ <div style="margin-left: 20px;"><input type="checkbox"/> Landscape Table on CD</div></div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Copies of six (6) cited references.</div>	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s) _____ <div style="margin-left: 20px;"><input type="checkbox"/> Landscape Table on CD</div>
			<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Copies of six (6) cited references.</div>			

Remarks

No fee is believed due. However, please charge any underpayments to Deposit Account No. 13-2490.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	McDonnell Boehnen Hulbert & Berghoff LLP		
Signature	/Michael S. Greenfield/		
Printed name	Michael S. Greenfield		
Date	August 8, 2008	Reg. No.	37,142

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	/Michael S. Greenfield/		
Typed or printed name	Michael S. Greenfield	Date	August 8, 2008

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